

<i>SERFF Tracking Number:</i>	<i>PRUX-125904533</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Prudential Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>40862</i>
<i>Company Tracking Number:</i>	<i>TL AR0197501F01</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>CF: 83500 LIF T 10006 (Wal-Mart)</i>		
<i>Project Name/Number:</i>	<i>CF: 83500 LIF T 10006 (Wal-Mart)/</i>		

## Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: CF: 83500 LIF T 10006 (Wal-Mart) SERFF Tr Num: PRUX-125904533 State: ArkansasLH

TOI: L04G Group Life - Term

SERFF Status: Closed

State Tr Num: 40862

Sub-TOI: L04G.500 Other

Co Tr Num: TL AR0197501F01

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: SPI Prudential

Disposition Date: 11/19/2008

Date Submitted: 11/14/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: CF: 83500 LIF T 10006 (Wal-Mart)

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 11/19/2008

State Status Changed: 11/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See cover letter.

## Company and Contact

### Filing Contact Information

Joanne Caputo, Lead Analyst, Contracts  
80 Livingston Avenue

joanne.caputo@prudential.com  
(973) 548-6470 [Phone]

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Roseland, NJ 07068 (973) 548-6480[FAX]

**Filing Company Information**

The Prudential Insurance Company of America CoCode: 68241 State of Domicile: New Jersey  
80 Livingston Avenue Group Code: 304 Company Type: Life and Health  
Roseland, NJ 07068 Group Name: State ID Number:  
(973) 548-6479 ext. [Phone] FEIN Number: 22-1211670  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: Wal-Mart Filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$20.00	11/14/2008	23936263

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	11/19/2008	11/19/2008

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## Disposition

Disposition Date: 11/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Project Name/Number:	CF: 83500 LIF T 10006 (Wal-Mart)/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Application		No
Supporting Document	Certification/Notice		Yes
Supporting Document	Cover Letter		Yes
Form	Additional Provisions for Employee Term Life Coverage		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	83500 LIF T 10006	Certificate	Additional Provisions Initial Amendmen for Employee Term t, Insert Life Coverage Page, Endorseme nt or Rider			45	83500 LIF T 10006.PDF

# Additional Provision for [Employee] Term Life Coverage

## [FOR YOU ONLY]

1

[This additional benefit for return of remains applies if your death occurs outside a <50-500> mile radius of your home. It is payable for Return of Remains Expenses incurred to return your body home to the United States or Canada.].

2

**Return of Remains Expenses:** Expenses for: [(1) embalming; (2) cremation; (3) a coffin; and (4) transportation of the remains.]

3

**Benefit Amount Payable for Return of Remains:** [An amount equal to the lesser of (1) the amount of Return of Remains Expenses; and (2) <\$100 - \$10,000>.]

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The Beneficiary Rules apply to the payment of the benefits.

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## **The Prudential Insurance Company of America**

### **Explanation of Variable Language for**

#### **83500 LIF T 10006**

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

**Illustrative material** consists of any entries such as numbers and amounts and which may be varied.

Ranges (e.g., of percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges.

Within the illustrative material, the terms “you” or “Employee” may be replaced by the term “person” “participant”, “member” or other appropriate term describing a member of the group insured.

The bracketed references will be appropriately modified to reflect grammatical form.

**Specific variable material** is noted by margin notes. Specific variable material will be changed only as indicated in the marginal note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

#### **Marginal Notes**

1. This item may be included as shown or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, this item may be revised to change or remove the number of miles, to remove reference to the United States and/or Canada, to include additional locations.
2. This item may be included as shown or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, any lettered item may be deleted or other similar types of expenses may be added.
3. This item may be included as shown or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

	Review Status:
<b>Satisfied -Name:</b> Certification/Notice	11/14/2008
<b>Comments:</b> See cover letter.	

	Review Status:
<b>Satisfied -Name:</b> Cover Letter	11/14/2008
<b>Comments:</b>	
<b>Attachment:</b> Cover Letter.PDF	



**Patricia A. Lloyd**  
Assistant Secretary

**The Prudential Insurance Company of America**  
80 Livingston Avenue, Roseland, NJ 07068  
Tel 973-548-6479 Fax 973-548-6480  
pat.lloyd@prudential.com

November 14, 2008

Insurance Commissioner Julie Benafield Bowman  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: 83500 LIF T 10006

Dear Commissioner Benafield Bowman:

We submit, for filing, on behalf of our client, Wal-Mart Stores, Inc., the group insurance form listed below. This is a new form and is not intended to replace any previously filed form. The variable material in this form has been indicated by brackets and is subject to change as described in the Explanation of Variable Language.

<b><u>Form Number</u></b>	<b><u>Description</u></b>
83500 LIF T 10006	Additional Provisions for Employee Term Life Coverage

**Intended Use.** This form is intended for use for our client, Wal-Mart Stores, Inc., on a one case basis. This form may be used with our 83500 series of forms and any other appropriate group insurance forms on file with the Department.

**Certification.** We certify that, in our judgment, the form in this submission is in compliance with Rule 19 (Unfair Sex Discrimination in the Sale of Insurance), Rule 49 (Life and Health Insurance Guaranty Association Notices), A.C.A. 23-79-138 and Bulletin 11-88 (Policy Information Requirements), and all applicable requirements of the Department.

**Readability Certification.** We certify that, in our judgment, the form in this submission complies with the requirements of A.C.A. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act. This form has been scored separately for the Flesch reading ease test using the computer service to which we subscribe. The test was applied to the entire contract form and the score for the form is 44.7.

**Filing Fee.** The filing fee of \$20 is being sent through Electronic Fund Transfer (EFT). Please note that retaliatory filing fees are not applicable because our Home State, New Jersey, does not charge filing fees.

**Deemer.** We will place this form in use 30 days after the date you receive this filing unless we receive affirmative acknowledgment, disapproval or request for extension.

If there are any questions regarding this filing, please feel free to call Joanne Caputo at 973-548-6470 or me at 973-548-6479.

Sincerely,

A handwritten signature in black ink that reads "Patricia A. Lloyd". The script is cursive and fluid, with the first name "Patricia" being the most prominent part of the signature.

Patricia A. Lloyd  
Assistant Secretary